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STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUN 01 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

DEPARIMENT
1. Name of Lobbyist(s) GAIL T. BROWN
11. Name of lobbyist's partnership, firm or corporation, if any:
NH Orac Kealth Coalition (NHPHA) (Name of partnership, firm or corporation)
#4 Park St Svite 403 Concord 17 H 03301 Business Address: (Street) / (Town/City) (State) (Zip Code)
(603 415-5550 () — e-mail gbrown @nhor
111. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
NH Oral Health Coalition (Full Name of Client as it appears on the Lobbyist Registration Form)
(Full Name of Client as it appears on the Lobbyist Registration Form) OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017 X July 26, 2017 Language Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17
October 25. 2017 January 31, 2018 i activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
[]—If you have paid an honorarium or reimbursed expenses, you must file Addendum B —Report of Honorariums or Expense Reimbursement
[] If you, your firm, or your family has made political contributions, you must file Addendum C+ Political Contributions
Sworn Statement/Affirmation by Lobbyist 1 have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of Jobbyist) (Date)
(Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) GAIL T. BROWN	
II. Name of lobbyist's partnership, firm or corporation, if any: NHOral Health Coalition (Name of partnership, firm or corporation)	(NHPHA)
III. Name of Client NHOYAL HEALTH COM	UDateon
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 21, 168.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	0)\$ 21,168.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25,00 or less for exampl lunch where the cost was \$25.00 or less, purchase of a pen with avalue of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid energy (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$

c) \$ _____

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist) (SAIL T. BROWN.	June 1 1017
GAIL T. BROWN.	
(Print Name of lobbyist)	